CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			FFICE 2. VOU						
							3. SCH	EDULE NUMBER					
			Read the Privacy Act S	Statement on	the back of this	s form.	5. PA	ID BY					
	a. NAME	(Last, firs	st, middle initial)			b. SOCIAL SECURITY NO.							
4 . ⊢													
Ā	c. MAILII	NG ADDRI	ESS (Include ZIP Code)			d. OFFICE TELEPHONE NUMBE	R						
CLAIMANT													
6. EX	(PEND	ITURES	(If fare claimed in col. (g) e	exceeds cha	rge for one pers	son, show in col. (h) the nu	umber of ad	ditional perso	ns which acc	ompanied	I the		
DATE Show appropriate code in col. (b):							AMOUNT CLAIMED						
		C O D	A-Local travel B-Telephone or telegraph, or		MILEAGE RATE				TIPS AND MISCEL-				
		Ē	C-Other Expenses (itemized)				¢	MILEAGE	FARE OR TOLL	ADD PER- SONS	LANEOUS		
			, ,	laın expenditu	res in specific det	·	NO. OF MILES						
	(a)	(b)	(c) FROM			(d) TO	(e)	(f)	(f) (g)		(h) (i)		
										+			
		-											
										1			
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					SUBTOTALS CA BACK	ARRIED FORWARD FROM THE							
7. AN	OUNT (CLAIMED	(Total of cols. (f), (g) and ((i). ▶ \$		TOTALS							
as <i>ar</i>	necessa e include	ary in the ed, the ap	ed. Long distance telephone cal interest of the Government. (No proving official must have been a artment or agency to so certify (3	te: If long dista authorized, in v	ance calls writing, by	I certify that this clai and that payment or	r credit has no		d by me.	vledge and	belief		
Sign Original Only					CLAIMANT SIGN HERE								
				DA	ιΤΕ	11.	CAS	H PAYMENT REC	CEIPT	I			
OFFIC	OVING IAL HERE					a. PAYEE (Signature)	CAO	· · · · · · · · · · · · · · · · · · ·		TE RECEIVE	D		
This claim is certified correct and proper for payment.					c. AMOUNT								
Sign Original Only AUTHORIZED CERTIFYING DATE					12. PAYMENT MADE			\$					
CERTIFYING DATE OFFICER					BY CHECK NO.								

ACCOUNTING CLASSIFICATION

DATE		Show appropriate code in col. (b):		AMOUNT CLAIMED					
	C 0	A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)			MILEAGE		ADD PER- SONS	TIPS AND MISCEL- LANEOUS	
	D E		res in specific detail.)	¢ NO. OF	MILLAGE	FARE OR TOLL	SONS	LANEOU	is
(0)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(6)	(m)	(h)	(1)	
(a)	(D)	(c) FROW	(8) 10	(e)	(f)	(g)	(11)	(i)	_
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and 61.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.